

Instructions to candidate – Aim for 8 minutes

You are a foundation doctor currently in your GP placement. John Taylor has come to you presenting with reporting feeling dizzy.

Take a concise history from John and perform the appropriate examination.

At 6 minutes, the examiner will ask you questions.

Name: John Taylor

Age: 55

Over the last 7 days you have been feeling very dizzy. It feels like the room is spinning. The closest thing you can compare it to is when you're drunk and the room is spinning while lying in bed. You have no idea why it's happening and it's very distressing because it makes you feel very sick although you haven't actually vomited. It's most severe when you turn your head and particularly bad when you turn over in bed. You thought it would resolve on its own but it doesn't seem to have improved over the past week.

You don't have any other ENT symptoms if asked.

You have been feeling fine until this episode happened. No fever, no recent infection, no headache, no problems with hearing or ears in general.

PMH; no previous trauma, high blood pressure, high cholesterol

DH; NKDA, taking ramipril and simvastatin

FH; Nil

SH; non-smoker, drinks occasionally, works in an office

ICE;

I – no idea what is causing this

C- getting really frustrated as it's stopping you from working and making you feel nauseous

E – just want to know how to make it better

Diagnosis: BPPV

Differential:

- Labyrinthitis
- Vestibular neuronitis
- Meniere's
- Acoustic neuroma

Questions:

1. What is your top diagnosis and other differentials?
2. How would you confirm your diagnosis? Dix-Hallpike is diagnostic
3. How would you manage this? Epley manoeuvre

Feedback

Built rapport	Y/N
Took a competent history clarifying sx and checking for red flags/ other ENT sx	
History was organised	
Performed the correct examination (otoscopy and check for nystagmus)	
Communication with the patient during examination was clear	
Correct diagnosis and/or differential	
Correct management	